


PTO/SB/22 (10-04)

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <div style="text-align: center;"> <b>FY 2005</b>  <small>(fees effective on or after October 1, 2004)</small> </div>		Docket Number (Optional) 014801-001420US	
Application Number 10/081,556		Filed February 20, 2002	
For TRANSIT BEST FARE SYSTEM AND METHOD			
Art Unit 3629		Examiner Igor N. Borissov	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$ 980
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the			
<input type="checkbox"/>	applicant/inventor.		
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>36,492</u>		
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
 _____ Signature		<u>November 15, 2004</u> _____ Date	
Thomas E. Coverstone, Reg. No. 36,492 _____ Typed or printed name		(858) 350-6100 _____ Telephone Number	

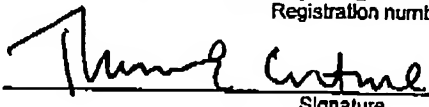
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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**Duplicate  
For Fee Processing**

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